

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED

THE NURSING RECORD

NO. 1,503. VOL. 58. [Registered at the General Post Office as a Newspaper.]

JANUARY 20TH, 1917

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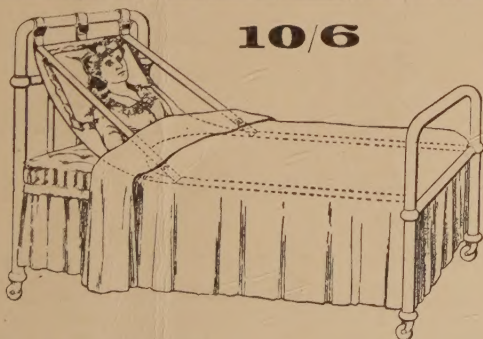
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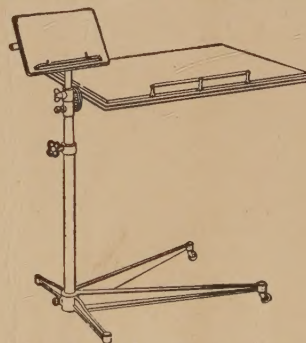
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For further particulars apply to the Secretary at the Institute (Room 82). 48

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THOMAS ROBINSON,

Secretary. 45

10th January, 1917.

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Selected candidates will have notice to attend, and third-class railway fare will be allowed. 53

HOSPITAL AND POOR LAW VACANCIES
ETC.—continued.

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CHARGE NURSE.

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Salary £30, plus 20 per cent. War Bonus, rising by annual increments of £2 10s. to £35, with Indoor Uniform to the value of £2, and Apartments, Rations, and Washing. The annual value of these emoluments being fixed at £27.

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Application, on forms to be obtained of me, must reach me not later than 10 A.M. on THURSDAY, the 25th January inst.

By Order.

W. HARDING ROBERTS,
Clerk.Southend-on-Sea.
5th January, 1917.

54

NEWPORT (MON.) UNION.

CHARGE NURSE.

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She must hold a certificate of three years' training from a recognised Training School.

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Candidates must hold the certificate of the Central Midwives Board.

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Applications, upon forms which may be obtained at these Offices, to reach me not later than 25th January.

A. H. REES, Clerk.

Union Offices, Queen's Hill,
Newport, Mon.
January 3rd, 1917.

55

LITERARY CONTRIBUTIONS

Contributions to the Editor should be addressed to her at

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Candidates to be fully-certificated Nurses. Applications to be made either personally or by letter to the MATRON.

E. J. MOTT, Clerk to the Guardians.
12th January, 1917. 47

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By Order,
C. J. TYAS, Clerk.

Union Offices,
Pitt Street, Barnsley.
4th January, 1917. 59

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CONTENTS OF THIS WEEK'S NO.

PAGE

- 37—The M.A.B. Ambulance Service.
- 38—Our Prize Competition.
- 39—Thyroidectomy Following Shell Shock.
- 39—Spotted Fever.
- 40—Nursing and the War.
- 41—French Flag Nursing Corps.
- 42—Joint War Committee.
- 42—Care of the Wounded.
- 42—National Union of Trained Nurses
- 43—Matrons' Council of Great Britain and Ireland.
- 43—Society for the State Registration of Nurses.
- 43—For a Just Bill.
- 44—The Royal British Nurses' Association and the College of Nursing, Ltd.
- 46—Deprived of Professional Privilege.
- 47—The London Hospital and the College of Nursing.
- 47—Poor Law Authorities and the College of Nursing.
- 48—Appointments.
- 49—Nursing Echoes.
- 50—Millicent Fawcett Hospital Units for Refugees in Russia.
- 52—Heard in a Tram.
- 53—Letters to the Editor.

"THE MIDWIFE" SUPPLEMENT.

- 55—The Retreat, Mere.
- 56—The Midwives' Institute.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 1,503.

SATURDAY, JANUARY 20, 1917.

Vol. LVIII.

EDITORIAL.

THE M.A.B. AMBULANCE SERVICE.

As the War proceeds we are feeling more acutely the removal of men from civilian employment to fill the ranks of the combatant forces. The requirements of the Navy and Army are, of course, the paramount need. But if the supply of skilled workers is insufficient in certain skilled callings, the consequences to the community at large may be extremely serious.

Amongst these is the maintenance of the Motor Ambulance Service of the Metropolitan Asylums Board, the duty of which is to remove patients in the metropolitan area who are suffering from infectious diseases, and who cannot be effectively isolated in their own homes, to the Board's hospitals. Any failure in this Service will certainly result in an increase of patients suffering from infectious disease. It is therefore disquieting to learn that the Ambulance Service of the M.A.B. has been placed in a very serious position owing to the depletion of the staff of motor mechanics and motor drivers, and that the Board's fleet of vehicles can no longer be maintained in working condition, that its efforts to obtain mechanics who are ineligible for Army service or have been discharged from the Army have been unsuccessful, and the same result has attended its attempts to secure the services of driver-mechanics, either male or female. The trouble is not only that 37 per cent. of the ambulances are awaiting repair, and that the staff cannot overtake the arrears of work, so that the position must grow worse, but also, as no new chassis can be purchased at the present time, the running of those in use must become more faulty as time goes on and less suitable for the transport of sick persons. The Ambulance Committee has therefore reported to the

Metropolitan Asylums Board that it is probable that within a few months' time the Ambulance Service will no longer be able to remove fever and diphtheria patients from their homes to the hospitals, and the retention in their own homes of hundreds of infectious cases must have disastrous effects.

The Committee, which has petitioned the Local Government Board to endeavour to obtain the additional skilled motor mechanics and driver mechanics necessary for the maintenance of the fleet of ambulances, disclaims responsibility should such a position arise. It considers that the Board has a right to expect the assistance of the Government in carrying on its work in the treatment of infectious disease in London, work which, it points out, is not only of vast importance to the Metropolis, but which, if neglected, may have far-reaching effects on the public health of a much greater area, especially should small-pox or any other of the serious infectious diseases assume an epidemic form.

The Committee consider that the Government Departments concerned have not fully realized the serious effects which will follow the stoppage of the work of the Board's Ambulance Service, and finally that the authorities should note that the Service is required always to hold twelve ambulances at the disposal of the War Office for the use of sick or wounded soldiers, and that the whole fleet is under orders to stand by in case of an air raid, and that these military duties will become impossible. Let us hope that the Local Government Board, which has been approached, will be able to draft into the M.A.B.'s Ambulance Service the number of skilled men required, for the cessation of the Service would be a disaster. Incidentally it would mean an increased demand on the services of nurses which, at the present time, would be difficult to meet.

OUR PRIZE COMPETITION.

A PATIENT BECOMES UNCONSCIOUS FROM CEREBRAL HÆMORRHAGE; WHAT WOULD YOU DO IN SUCH A CASE? IN THE EVENT OF THE PATIENT BECOMING HELPLESS FROM HEMIPLEGIA AFTERWARDS, INDICATE HOW YOU WOULD NURSE THE CASE.

We have pleasure in awarding the prize this week to Miss Doris Tayler, St. Bartholomew's Hospital, Rochester.

PRIZE PAPER.

If a patient is unconscious from cerebral hæmorrhage all tight clothes should be immediately removed, and the head and shoulders kept slightly raised. The head should be turned slightly to one side, so that the veins of the neck do not become compressed.

On no account should stimulants be given. Cold compresses can be applied to the head, and hot bottles placed at the feet.

It is advisable for a bed to be prepared as near as possible to the place where the attack occurred, in order that undue movement is spared the patient and the hæmorrhage is not increased.

If the patient becomes unconscious whilst downstairs it is better to place him in bed on the ground floor rather than risk carrying him to a room upstairs.

The room should be darkened, and kept as quiet as possible. As soon as ice can be obtained, an icebag can be applied to the head.

It will be necessary to administer aperient medicine to the patient, and one minim of croton oil is often ordered. It should be placed at the back of the tongue. If this is not effectual, a castor oil enema can be given. A catheter may also be required.

If the patient recovers consciousness, a light, simple diet can be given, but if he remains unconscious, nourishment must be given per rectum.

Whilst nursing a hemiplegia it is interesting to note why the cerebral hæmorrhage should cause such extensive paralysis in such a short time.

Hæmorrhage in the brain will cause rupture of the brain substance and destruction of some of the motor cells. A lesion in the internal capsule will produce a much more extensive paralysis than a lesion in the cortex of the brain, because the internal capsule contains many more nerve fibres, which are converging from the cortex to enter the spinal cord.

The paralysis will be in the muscles supplied by nerve fibres which branch from the destroyed nerve cells.

Hemiplegia is said to be a disease of the *upper motor neurone*.

The *upper motor neurone* consists of:—

1. Motor cells in the cortex of the brain.
2. Fibres in the internal capsule.
3. Fibres in the pyramids of the medulla oblongata.
4. Fibres from these pyramids which cross over and pass into the lateral columns of the spinal cord, forming the crossed pyramidal tract.

We therefore understand how it is that the one-sided paralysis, or hemiplegia, is on the opposite side to the lesion in the brain.

A case of hemiplegia will require very careful nursing. In order to prevent the formation of bedsores a water bed is of great value, and attention must be paid to all pressure points. The back should be carefully attended to every four hours, and the draw-sheet pulled through. In incontinent cases it is advisable to apply ointment to the patient's skin rather than methylated spirit and starch and zinc powder.

The mouth should be swabbed after every feed with glycerine and borax.

The upper extremity is, as a rule, the most affected, and is the last to recover. The muscles of the arm which are most often affected are the extensors of the wrist and fingers, and the supinators and extensors of the forearm. This must be borne in mind, and means should be employed to prevent *drop wrist* and flexion of the fingers into the palm of the hand.

The muscles of the leg most affected are the flexors, with the dorsi-flexors of the foot. To prevent *drop foot*, the leather boot designed by Sir William Gowers can be worn in bed.

Facial paralysis is another complication in hemiplegia, and in a right hemiplegia the speech centre may be affected, and the patient said to have *aphasia*. The voice is not lost, but there is inability to utter words.

In the treatment of the degeneration of muscles and nerves, massage and electricity play an important part, but should not be given until a fortnight after the cerebral hæmorrhage occurs. Gentle kneadings of the muscles to keep up nutrition, and passive movements to prevent stiff joints, are needed. The treatment should be given in moderation for the first few weeks. Abdominal massage raises the blood pressure, and should not be given before the end of the sixth week.

The slightest movement of the affected limbs should be noticed and encouraged. The nurse or masseuse must urge the patient on to perform still greater movements, so that instead of "hanging fire," he gradually improves, and

may even be able to use his arm or leg properly again, when he will amply repay the efforts spent upon him.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ada B. Weir, Miss Lottie M. Moffitt, Miss Bessie Grey Johnson, Miss Winifred Ridge, Miss G. L. Sheppard, Miss Etta Trevethan.

QUESTION FOR NEXT WEEK.

What are the causes of dysentery, and how is it treated?

THYROIDECTOMY FOLLOWING SHELL SHOCK.

The patient, a brave soldier boy of nineteen years old, had been in the Army for sixteen months, nine months of which had been spent in France.

He was a typical "Mother's Boy," quiet, very shy, and by all accounts, previous to joining the Colours had led an out-of-the-way life in the North of England.

He was one of a very big convoy which arrived at the hospital late at night, and he presented the most dejected appearance—the eyes protruding, very rapid pulse, palpitation frequent, marked depression, and slight enlargement of the thyroid gland, the left lobe being larger than the right.

His label stated that he had been in a base hospital five weeks suffering from shell-shock, and was unconscious for twelve hours after admission. The following treatment was ordered and carried out for one month:—

Absolute rest in bed in a recumbent position. He did nothing but feed himself, and this he did lying down.

All-over washes night and morning.

Flannel was worn next to the skin, and a blanket covering him.

A four-hourly chart was kept, and a weekly account of his weight.

The diet consisted of fish, chicken, beef tea, eggs, custard, jelly, and many extra nourishments.

Leiter's coils and ice-bags to the neck were tried, but the patient's objection to both was so great that they had to be discontinued.

Anti-thyroidin-morbus was given per mouth for the first fortnight, M. xv. T.D.S., and for the last fortnight M. x. T.D.S.

By the end of the month, in spite of every attention, the patient had lost weight, his spirits were below zero, he was always cold, and the

pulse was often so rapid as to be impossible to count.

After this it was decided to do thyroidectomy, and a few days later part of both lobes were removed, continuous salines were given subcutaneously for twenty-four hours following the operation, and the patient was propped right up in bed.

The patient improved from the beginning, and in ten days the stitches were removed; three weeks later he was up.

During the six weeks the patient remained in hospital following the operation he gained 7 lb. in weight; the temperature, which had been sub-normal, rose slightly and then settled down to normal; a great improvement took place in the pulse rate, and palpitation was entirely absent.

But the part that interested me most was the great change in the mental attitude of the patient. Previous to the operation he had been most difficult to deal with, and nothing ever pleased him. As soon as he was able to get about he became one of our brightest and best helpers, whose influence amongst the more lively portion of the ward could always be relied upon for good. At the same time he never quite lost his natural shyness and reserve.

Six months later I casually met him, and was delighted to find the improvement had been maintained and strengthened, and also that he had been spared the ordeal of further active service.

KATHLEEN R. KOHLER.

SPOTTED FEVER.

The value of scientific investigation of a disease is evidenced in the work done in connection with cerebro-spinal meningitis (spotted fever) by the Medical Research Committee, in conjunction with the Army Medical Department.

It has been proved that:—

(1) A case of cerebro-spinal fever only yields a single type of *meningococcus* from its cerebro-spinal fluid—i.e., that a case is always strictly one type or another.

(2) That the type found in the nose is always the same as the type in the brain.

(3) That because the germ is always present in the nose at the beginning of the attack, every case of the disease is an instance of a "carrier" becoming a victim to his own carried infection.

(4) Finally, that "type breeds true" in every case. The types are not interchangeable. They are separate breeds, as white men and black men and yellow men are.

NURSING AND THE WAR.

We offer hearty congratulations to Miss Kate Carruthers, trained at the Royal Infirmary, Glasgow, who has been awarded the Military Medal, a decoration highly prized by nurses because it signifies devotion to duty under fire. Now that the Royal Red Cross is awarded to clerical workers and others who have not been on active service, it has largely lost the significance which it bore in the reign of Queen Victoria, when it was given to nurses but rarely, and for work done on active service. As a member of the Territorial Force Nursing Service, Miss Carruthers was one of those called up for duty at Stobhill on the mobilization of the members of the Service on the outbreak of war.

At the end of 1914 Miss Carruthers was sent to France, and since Christmas Day of that year has been engaged in nursing at the front; on November 15th last she was working at a casualty clearing station behind the British lines when it was bombed by an enemy aeroplane, and one bomb struck the camp in which Miss Carruthers and her patients were located. Most of them were instantly killed, and she herself was wounded in the head and legs; nevertheless, though suffering much, she remained on duty until relieved twenty-four hours later, attending to the surviving patients. When she went off duty she was sent to hospital, where she remained for some weeks. She was mentioned in despatches by the Commander-in-Chief for her bravery. It is an interesting fact that her twin sister and her brother are both serving with the Forces.

The colleagues of Nursing Sister L. W. Burns (wife of Colonel G. E. Burns, of the Canadian Army Guards), will unite in expressing to Colonel and Mrs. Burns their cordial congratulations on the award of the Military Cross to their only son, Lieut. Edson Louis Millard Burns, of the Canadian Engineers. In addition to organizing and running the signal lines, he personally laid and repaired armoured cables under very heavy fire, displaying great courage and coolness throughout.

Do not miss reading "In a French Hospital: Notes of a Nurse," by M. Eydoux-Démians, translated by Betty Yeomans, and published by T. Fisher Unwin, Ltd. The "nurse" is one of the voluntary workers whom the needs of France drew to the Hospital of St. Dominic in October, 1914, on the reception of a message from Sister Gabrielle of the Sisters of St. Vincent de Paul, which ran:—"A large number of wounded have just arrived. We can't take care of any more ourselves, and the moment has come to call for volunteers. I shall expect your help."

The author's interest in hospitals is indicated in the brief dedication, "To my five brothers, wounded in the service of France"—small wonder that she wished to serve the soldiers of France, those soldiers "who have brought back in their

very flesh the frightful scars of the enemy's iron, those who have cemented with their own blood the human wall that is now our frontier. They have come back, not with their courage drained, broken down, horror-stricken, stunned—not at all. They forget themselves to talk smilingly of the great hope in which we all share. They are touched, deeply touched, by the few hours of fatigue we undergo for them each day—for them who have given almost their lives."

We cannot resist the following extracts from the description of Sister Gabrielle, one of whose three brothers serving with the colours, a quite young captain, met with his death on the field of honour. "No one around her would have guessed her sorrow. Possibly her smile for the patients that day was a little more compassionate and tender than usual. . . . But no matter how compassionate Sister Gabrielle may be, she never carries it to the point of feebleness or softness. Her bearing with the soldiers is an indefinable mingling of something angelic, maternal and virile, all at once. These men, brought in from all points of the immense and terrible battlefield, become at once her children (and never was a mother more watchfully solicitous and devoted), but never does she forget their sacred title of soldier. She must not stir up their feelings, she knows. She sets herself, on the contrary, the essential secret task of keeping up their moral strength, of helping them, after the enemy's fire, to meet the ordeal of the operating-room, the wearing suffering, perhaps, at last, death.

"Sister Gabrielle would like to save them all. What a task! What a struggle! She is on her feet night and day. The orderlies are told to call her at the least disturbing symptom, and when they do, with true motherly enthusiasm she, who is always helping others to bear their heavy burdens, herself awakens, tireless, to her own sad duties. In the semi-darkness of the room, she prepares hastily the serum that may prolong a life; she utters the sweet words that are dear to souls who suffer thus at night. It may be one o'clock, two o'clock, in the morning, but when four o'clock sounds, her night is over. Lost in the long lines of white cornettes, she takes her way to the chapel, there stores up for another twenty-four hours the strength to go on with this superhuman mode of living. Behold in her a soul that is truly the mistress of the body which it animates."

It is good to know that repatriated prisoners who have returned from Ruhleben to this country speak warmly of the kindness they have received from the Sisters at the Sanatorium.

It is reported that on Hindenburg's last visit to the Western Front, the medical officer of a large hospital visited by him explained that the Sister attending some wounded English officers spoke English perfectly. He immediately commanded that she should be replaced by one who did not know a word of English.

FRENCH FLAG NURSING CORPS.

At no voluntary hospital in France has better care of the French sick and wounded been taken than at Ambulance Mobile I, at Rousbrugge, financed by Mrs. Borden Turner, an American lady, where the nursing staff includes graduate American and British nurses. So well organised is this hospital that it soon became known as "Le Petit Paradis des Blessés." Six F.F.N.C. Sisters are attached to this hospital, three of whom are Canadians. This Ambulance is soon to be moved nearer the fighting line—in the wake of the French Army, and the nursing staff are to go with it, and will continue their efficient service.

must necessarily do himself, and which, consequently, makes French surgery doubly hard.

Thanks to the Sister who worked with me, Miss Lewis, her capacity and untiring devotion, I have been able to do an amount of work I should have been unable to do without her. Everything was ready. I did not require to give orders. As to her devotion, I can only say one thing—it was the same as her work; I did not require to ask her to do anything. Everything was done. The greatest fatigue has always been borne by all the Sisters without any complaint, and, more than that, with the absolute denial of fatigue.

And added to all this, I have found in the Sisters a frank, simple gaiety which greatly helps



MRS. BORDEN TURNER'S HOSPITAL. AMBULANCE MOBILE I.
American, English and Canadian Sisters.

The following letter, recently received by Miss Ellison in Paris, will be very gratifying to every member of the Corps:—

MADemoiselle,—Although I have not had the pleasure of meeting you, just before leaving Bautzen, where I have been for two years, I cannot refrain from writing to thank you for the English nurses who have been sent here.

From the technical point of view it would be impossible not to appreciate them, the only thing one can say is that, thoroughly understanding and loving their work as they do, they have been able to replace the doctor in so many ways, and have been able to undertake work which the French surgeon, when he is not perfectly seconded,

towards recovery of the poor wounded. And yet they are living in surroundings which are anything but comfortable, amongst foreigners and soldiers, and often I feel they must suffer from the little differences of language and customs which necessarily exist between nations.

I felt that before I left I should like to speak of the great admiration and respect I have for my unselfish, hardworking and very experienced 'assistants.' "

DR. R. MOUGEOT,

Chevalier de la Legion d'Honneur, Conseiller Général de la Haute Marne, Maire de la Ville de St. Dizier, Medecin Major.

We specially congratulate Sister Annie Roberts, Supervisor, and Sisters W. Lewis, E. Wadsworth, D. Pope, J. McG. Campbell, and M. Clarke, on this highly appreciative expression of opinion upon the part of the eminent surgeon with whom they have had the privilege to work at Toul.

How sad it is that, owing to the insularity of authorities at home, this grand bit of *entente* work may not be extended.

JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in home hospitals :—

Heywood Mil. Hosp., Cobham.—Miss A. M. L. Faden.

Aux. Mil. Hosp., Southgate.—Miss P. Amblose.

Aux. Mil. Hosp., Temple Newsam.—Miss D. McGowan.

The Cedars, Wells, Somerset.—Miss M. E. Henderson.

Belton Hall V.A.D., Rugby.—Mrs. R. Mahoney.

Henham Hall Hosp., Wangford, Suffolk.—Miss G. Hart, Miss H. Tebbit, Miss E. H. Nicholson.

V.A. Aux. Hosp., West Brigford, Nottingham.—Miss H. F. Pullen.

Fir Grove Aux. Hosp., Eversley, Winchfield.—Miss H. Blackburn.

Aux. Mil. Hosp., Hardwicke Hall, Buxton.—Miss B. Clipstone.

184, Queen's Gate.—Miss B. M. Gray, Miss F. M. Blow.

Aux. Mil. Hosp., Wotton House, Northwich.—Mrs. B. Church.

Town V.A.D., Rugby.—Miss E. Gordon.

Princess Marie Louise Hosp., Bermondsey.—Mrs. M. A. Harrold.

Hoole House Hosp., Chester.—Miss M. E. Hall.

St. Anne's Aux. Hosp., Caversham.—Miss M. B. Stallman.

Gifford House, Roehampton.—Miss W. Barns.

Red Cross Hosp., Earl's Colne.—Miss A. Sydal.

Relief Hosp., Branksmere, Southsea.—Miss E. Long.

Newcourt Hosp., Cheltenham.—Miss E. M. Hickie.

St. Anne's Hosp., Lewes.—Miss E. M. Munday.

Henham Hall Hosp., Wangford.—Miss R. Waterfield, Miss E. M. Rishworth, Miss I. O. Barber.

Arnot Hill Aux. Hosp., Daybrook.—Miss R. Defries.

The Cecils, Worthing.—Miss B. Sleaf.

Knightshayes V.A.D., Tiverton.—Miss G. Graves.

Temp. Hosp., Ashford.—Miss H. Boscow.

Aux. Hosp., Uppingham.—Miss M. Cameron.

Red Cross Hosp., Penarth.—Miss G. Young.

Worsley Hall, Lancs.—Mrs. B. McGlasham.

Westford Red Cross Hosp., Droitwich.—Mrs. E. R. Arnold.

Windlesham Moor Aux. Hosp.—Mrs. A. Aikmann.

The Infirmary, Red Cross Hosp., Wimborne.—Mrs. M. Cahill.

Hoole House Hosp., Chester.—Miss E. S. Chinn.

Red Cross Hosp., Neath, Glamorgan.—Miss F. L. Abbey Williams.

Red Cross Hosp., Henley-in-Arden.—Miss N. Stevenson.

Red Cross Hosp., Rhyl.—Miss D. M. Dale.

Alexandra Park Hosp., Muswell Hill.—Miss E. Mercer.

V.A.D., Salcombe.—Miss H. H. Arundale.

V.A.D., Kemsing, Kent.—Mrs. A. G. Dibbin.

Oakwood Hall, Rotherham.—Miss A. Robertson.

Red Cross Hosp., Witham.—Miss L. Swift.

ABROAD.

The following Sisters have been deputed to duty abroad :—

Boulogne Headquarters.—Miss M. A. Chittock.

La Panne.—Miss R. Papilton.

Salonika.—Miss V. Elkington, Miss C. E. Browne.

Brigade Hospital, Etaples.—Miss E. Eadie, Miss L. Ewatts, Miss M. Fogerty.

CARE OF THE WOUNDED.

Mufflers are urgently needed at the Front, and should be sent either to the Voluntary Organisations' depots throughout the country; to the D.G.V.O.'s depot at 45, Horseferry Road, London, S.W., or to Mr. J. Lenoyre. Each muffler should measure 58 in. by 10 in. and be made on two No. 7 needles, taking 10 oz. of fairly thick drab or khaki wool.

On the occasion of the visit of the Duke of Connaught to the Union Jack Club, Waterloo Road, last Saturday afternoon, Mr. Heath Harrison, the High Sheriff of Hampshire, presented the Duke with a cheque for £44,000, making (together with his previous anonymous donation) a total of £50,000 to the extension fund of the club. Cleanliness, warmth and comfort to hand for our sailors and soldiers in these well-equipped clubs prevents untold suffering.

A poor kilted laddie, evidently fresh from the trenches, was found wandering in the London streets in a recent dense fog. Our "H. H." hoped he had not far to go. "To Edinburgh," he replied. So, good Samaritan that she is, she landed him at King's Cross. All such boys should be taken in hand in crossing London, and the soldiers' clubs and huts made use of.

NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the N.U.T.N. :—

Friends' War Relief Committee, Russia.—Miss S. K. Anderson and Miss E. Boughton Leigh.

V.A. Hospital, Chetnole, Dorset.—Miss T. Wilder (Sister-in-Charge).

V.A. Hospital, Exeter.—Miss S. Buckley (Night Superintendent).

Tankerton Military Hospital.—Miss A. Rooke (Sister).

MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Annual Meeting of the Matrons' Council will be held at 431, Oxford Street, London, W., on January 26th, at 4 p.m. Tea will be at 5 p.m., after which there will be a Discussion on the importance of increasing the activities of the Matrons' Council. For many years after the withdrawal, in 1898, of the matrons who helped to found the British Nurses' Association, nearly all the progressive work for the nursing profession in Great

Britain for ten years was initiated and carried forward by the Matrons' Council—until the Society for State Registration was organized and drafted the first Nurses' Registration Bill, when members of the Council gave whole-hearted support to the movement. The Council is now affiliated to the Central Committee for State Registration, and has loyally supported the policy of an independent Governing Body for the Nursing Profession upon which the rank and file of the profession has *direct* and adequate representation, a policy denied by the Bill drafted by the College of Nursing.

SOCIETY FOR THE STATE REGISTRATION OF NURSES.

AN INDEPENDENT GOVERNING BODY DEMANDED.

A Meeting of the Executive Committee was held at 431, Oxford Street, London, on Thursday, 11th inst. The Committee had before it for consideration the Agreement between the Royal British Nurses' Association and the College of Nursing, Ltd., and the Proposed Supplemental Charter and Bye-laws to be laid before a Special General Meeting of the R.B.N.A. on Thursday, 18th January. In an interesting historical survey, Mrs. Bedford Fenwick reviewed the vicissitudes of the R.B.N.A. It was realised that the amalgamation of the two bodies as the Royal British College of Nursing would unite many apparently irreconcilable foes in support of the principle of State Registration of Nurses, but that the professional status of the R.B.N.A.

would, under the Supplemental Charter, be absorbed into a lay Corporation, as it provided for the inclusion of the laity as members of the College without any qualification, whereas membership of the College was to be compulsory for Registered nurses, who would be compelled to obey a Council composed of "Members of the Medical Profession, Matrons and Principal Officers of Hospitals and Infirmarys, Superintendents of Nursing, Trained Nurses, Managers of Hospitals and Infirmarys, and persons and Bodies interested in the question of Nursing," instead of a professional Council, as provided under the existing Bye-laws. So long as this Council was only empowered by Royal Charter, trained nurses outside hospitals need not submit themselves to lay control, but under the Agreement the Royal College of Nursing, when in existence, "proposed to promote legislation for State recognition of its Register," and, if successful, trained nurses would be deprived of personal and professional independence. This was not the State Registration for the whole profession by an independent Governing Body which they desired, and would not be acceptable to the professional registrationists.

The Committee therefore agreed to continue its just demand for a rightful measure of self-government by *direct* representation on their Governing Body, as secured to trained nurses under the Bill drafted by the Central Committee for State Registration of Nurses, to which it was affiliated.

FOR A JUST BILL.

The Society has to thank Miss E. B. Kingsford, Chairman of the Nurses' Protection Committee, for a most generous gift of £10 10s. towards the expenses incurred in the "triangular fight" for State Registration. It was but recently Miss Kingsford gave £5 5s. towards securing "a just Bill." She wishes she could do more. *We* think she has done her share very handsomely.

The President also acknowledges with many thanks the following donations:—Miss E. L. C. Eden, £5 5s.; Miss Christina Forrest, £2 2s.; Miss Rimmer, £2 2s.; Mrs. Tuckett, £1 1s.; Mr. and Mrs. Hambleton, £1; Miss G. B. Macvitie, £1; Miss H. Brewerton, 11s.; Miss L. H. Hayes, 10s.; Mrs. Strong, 5s. 6d.; Mrs. Barton, 5s.; Miss Crichton Stuart, 5s.; Miss E. Dinnie, 5s.; Miss E. M. Dickson, 3s. 6d.; Misses Matthews and Lendrum, 3s.; Mrs. Carlin, 3s.; Miss M. Byard, 2s. 6d.; Miss M. E. Shank, 2s. 6d.; Miss G. Tatham, 2s. 2d.; Miss C. Lee, 2s.; Miss Gilchrist, 1s. 6d.; and Miss Grimes, 1s. 6d.

THE ROYAL BRITISH NURSES' ASSOCIATION AND THE COLLEGE OF NURSING, LTD.

The following Bye-Laws of the Proposed Supplemental Charter will be placed before the Special General Meeting of the Royal British Nurses' Association, to be held on Thursday, January 18th, at 2.30 p.m., at 1, Wimpole Street, London, W., when it will be proposed that, subject to their approval by the Privy Council, the existing Bye-Laws shall be annulled.

PROPOSED SUPPLEMENTAL CHARTER AND BYE-LAWS.

B.

[NOTE.—The following are the draft new Bye-Laws, marked with the letter "B," referred to in an Agreement dated the 21st day of December, 1916, and made between the Royal British Nurses' Association and the College of Nursing Limited.]

BYE-LAWS.

PATRON.

1. The Corporation shall have power to appoint a Patron who shall be an Honorary Officer.

HONORARY OFFICERS.

2. The Corporation shall have power to appoint a President, Vice-Presidents, a Chairman and Vice-Chairmen, Honorary Treasurers and Secretaries and other Honorary Officers. They shall be appointed by and shall hold office at the will of the Council.

MEMBERSHIP.

3. Each person whose name is entered on the Register of Nurses kept by the Corporation shall thereupon become and be a member of the Corporation.

4. (a) Each person elected a member of the Council or of a Branch or Local Board of the Corporation, shall thereupon become and be a member of the Corporation.

(b) The Council may elect, as members of the Corporation, any persons whom the Council may deem it advisable, in the interests of the Corporation, to elect as members thereof.

FIRST GENERAL MEETING.

5. The First Annual General Meeting of the Corporation, after the coming into operation of these Bye-Laws, shall be held at such time and at such place in the United Kingdom as the President shall appoint.

ANNUAL GENERAL MEETINGS.

6. A General Meeting of the Corporation shall be held once at least in the year 1918 and in every subsequent year at such time in May or June and at such place in the United Kingdom as the Council shall appoint.

NOTICE OF RESOLUTIONS.

7. A resolution shall not be proposed at any Annual General Meeting, unless the full text of the resolution shall have been sent to the Secretary at least twenty-one days previous to the date of the Meeting, and shall have been inserted upon the Agenda of the said Meeting.

SPECIAL GENERAL MEETINGS.

8. A Special General Meeting of the Corporation or a Special Meeting of the Council may, at any time, be summoned by the order of the President or by order of the Council.

A Special General Meeting of the Corporation shall be summoned by the Chairman of the Council upon a requisition in writing, signed by at least one hundred Members of the Corporation and by not less than one-fourth of the Members of the Council then entitled to be present and vote at such meeting. The requisition shall state the purpose for which the Meeting is to be held and the full text of the resolutions proposed to be passed.

The notice convening a Special General Meeting shall specify the object of the Meeting, and no business except that so specified shall be considered.

Every Special General Meeting of the Corporation or Special Meeting of the Council shall be held at such time and place as the President, in the case of a Meeting summoned by the order of the President, or as the Council, in the case of a Meeting summoned by the Council, shall appoint.

NOTICE OF MEETINGS.

9. Notice of every Meeting of the Corporation and Council shall be given to every Member entitled to be present and vote at such Meeting. Such notice shall be given in such manner as shall be prescribed by the rules to be made by the Council as hereinafter provided.

The accidental omission to give any such notice shall not invalidate any resolution passed at such meeting.

THE COUNCIL.

10. The Council shall forthwith, and in any event within a period of eighteen months from the date of the approval of these Bye-Laws, formulate a scheme for the future constitution and election of the Council.

The Members of such Council shall be elected by the Members of the Corporation. The Council shall so far as is practicable, be representative of the Medical Profession, Matrons and Principal Officers of Hospitals and Infirmarys, Superintendents of Nursing, Trained Nurses, Managers of Hospitals and Infirmarys, and persons and Bodies interested in the question of Nursing.

Such scheme shall be passed by a majority of not less than two-thirds of the Council and be confirmed at the next Meeting of the Council, but shall not come into force until approved by the Lords of the Privy Council.

Such scheme shall, as from the date of such approval, have the same force and effect as if it had been expressly included in and formed one of these Bye-Laws.

CASUAL VACANCIES.

11. A casual vacancy among the Members of the Council or a vacancy which shall not be filled up at any election, shall be filled up by the Council at their next Meeting. A person elected to fill a vacancy shall hold office so long as the person in whose place such person was elected would have held the same.

The continuing Members of the Council may act notwithstanding any vacancy in their body.

CESSATION OF MEMBERSHIP OF THE COUNCIL.

12. A Member of the Council shall *ipso facto* cease to be a Member thereof:

(a) If he become bankrupt or suspend payment or compound with his creditors.

(b) If he be found lunatic or become of unsound mind.

(c) If by notice in writing to the College he resign his office.

(d) If by resolution of the Council passed by a majority of at least two-thirds of the whole number of the Members of the Council he is requested to resign.

An elected Member of the Council shall *ipso facto* cease to be a Member thereof if he cease to be a Member of the Corporation.

MEETINGS AND PROCEDURE OF COUNCIL.

13. The Council may regulate their meetings and proceedings as they think fit, and may determine the quorum necessary for the transaction of business. Until otherwise determined, five Members of the Council shall form a quorum.

COMMITTEES.

14. The Council may delegate any of their powers to Committees, consisting of Members of the Council, with or without any other persons not Members of the Council as the Council think fit. Any Committee so formed shall, in the exercise of the powers so delegated, conform to any bye-laws or regulations that may, from time to time, be imposed on it by the Council.

ACTS TO BE VALID NOTWITHSTANDING DEFECTIVE APPOINTMENT.

15. All acts done at any Meeting of the Corporation or Council or of a Committee of the Council, or by any person acting as a Member of the Council or such Committee, shall be valid, notwithstanding that it shall afterwards be discovered that any persons present thereat were not qualified to vote, or that there was some irregularity in the proceedings or in the appointment of such person acting as aforesaid.

CONSULTATIVE BOARD.

16. The Council shall elect a Consultative Board from amongst Physicians, Surgeons, Matrons, and Principal Officers of Hospitals and Infirmarys, Superintendents of Nursing, Trained Nurses, Managers of Hospitals and Infirmarys, and Persons and Bodies interested in the question of Nursing.

The Council may from time to time appoint such persons as it thinks fit to be Members of the Consultative Board, which shall consist of

such number of persons as the Council shall from time to time determine. The President and the Chairman of the Council shall be *ex-officio* Members of the Consultative Board.

The Council may from time to time determine what shall be the rights, duties, and privileges of the Consultative Board, and the Members thereof as such, and make regulations as to the Meetings and proceedings and retirement by rotation of the Consultative Board, but unless otherwise determined, the power of the Consultative Board shall be limited to (1) Consulting together in regard to any question submitted to it by the Council and reporting to the Council the result of the consultation thereon (2) On the initiative of any Member of the Consultative Board to consider, if thought advisable, any subject within the purpose of the Corporation and, if thought advisable, to report thereon to the Council.

EXAMINATION BOARD.

17. The Council shall elect an Examination Board from persons experienced in lecturing or teaching in Nursing Schools or Physicians or Surgeons on the Staff of Hospitals to which Nursing Schools are attached.

The President and the Chairman of the Council shall be *ex-officio* Members of the Examination Board, which shall consist of such number of persons as the Council shall from time to time determine.

The Council may from time to time determine what shall be the rights, duties, and privileges of the Examination Board, and the Members thereof as such, and may make regulations as to the Meetings and proceedings, and retirement by rotation of the Examination Board; but, unless otherwise determined, the powers of the Examination Board shall be limited to advising how, when and where, examination of students and candidates for enrolment on the Register of the Corporation shall be conducted, and by whom, and what shall be the subjects in which they shall be examined and what shall be the conditions of admission to the examination.

DIPLOMAS.

18. The Council may issue diplomas of Fellowship of the Corporation to Members of the Corporation who pass such higher examinations as may be prescribed by the Council. Diplomas shall be granted by the Corporation to all Members of the Royal British Nurses' Association to whom diplomas of the Association have already been granted.

BRANCHES.

19. The proceedings of any Branches or Local Boards either in the United Kingdom or elsewhere formed by the Corporation, shall be regulated in accordance with Rules to be from time to time made by the Council.

REGISTER OF NURSES.

20. The Council shall keep a Register of such persons as shall, in the judgment of the Council,

be fit and proper persons to act as Nurses and be entitled to a Certificate of proficiency, to be granted in accordance with the regulations for the time being prescribed by the Council. The Registers of the Royal British Nurses' Association and the College of Nursing, Limited, in force at the time of the coming into operation of these Bye-Laws shall jointly form the first Register of the Corporation.

A fee of one Guinea shall be payable on the subsequent entry of a name on the Register.

THE SECRETARY.

21. The Council shall appoint a Secretary of the Corporation, who shall hold office at the will of the Council and be responsible directly to the Council, and shall perform such duties as may be allotted to the Secretary by the Council.

THE REGISTRAR.

22. The Council shall also appoint a Registrar of the Corporation who shall hold office at the will of the Council and be responsible directly to the Council. It shall be the duty of the Registrar to keep the Register of Nurses, to sign the Certificates of Registration, and to perform such duties as may be allotted to the Registrar by the Council.

POWER TO APPOINT SUBSTITUTES.

23. The Council may, when necessary, appoint a temporary substitute for the Secretary and the Registrar respectively who shall, during the term of his appointment, be deemed to be and have all the powers of the Secretary or the Registrar, as the case may be.

MINUTES.

24. The Council shall cause proper minutes of the Meetings and proceedings of the Corporation and of the Council and all Committees of the Council to be duly kept and entered in books provided for the purpose.

The minutes of any Meeting, if purporting to be signed by the Chairman of such meeting or by the Chairman of the next succeeding meeting, shall be receivable as *prima facie* evidence of the matters stated in such minutes.

RULES FOR REGULATING PROCEEDINGS.

25. It shall be lawful for the Council from time to time to make and to rescind and alter Rules for regulating the procedure of the Corporation, and of any Branch thereof, and the government of the Members thereof and the calling of and procedure at Meetings and elections, the service of notices, and all other matters affecting the Corporation; provided always that no such Rule shall be contrary to the provisions of the Charter or the Bye-Laws. Until Rules regulating Meetings, elections, and procedure shall have been made, the same shall be conducted in the same manner as heretofore.

An existing Rule shall not be rescinded or altered, and a new Rule shall not be made, except by a resolution of the Council passed by a majority of two-thirds of the members present and voting

at a meeting of the Council and confirmed at the next meeting of the Council.

REMOVAL OF NAME FROM REGISTER.

26. The Council may remove from the Register of Nurses the name of any person whom the Council deem unworthy to remain a member of the Corporation, but no name shall be removed from the Register until after an inquiry has been held by the Council at a Meeting specially summoned to consider the matter, and a resolution to remove the name of such person from the Register passed by a majority of at least two-thirds of the Members present and voting, and at such Meeting twelve shall be the quorum. At least fourteen days' previous notice of the Meeting shall be sent to the person to whom the proposed resolution relates, and he shall have the right to appear in person or by agent, to show cause why his name should not be removed.

CESSATION OF MEMBERSHIP OF THE CORPORATION.

27. (a) Any person whose name is removed from the Register of Nurses shall thereupon cease to be a Member of the Corporation.

(b) Any person who becomes a Member of the Corporation under Bye-Law 4 (a) shall cease to be a Member of the Corporation if and when such person ceases to be a Member of the Council or of the Branch or Local Board, as the case may be.

(c) Any person who becomes a Member of the Corporation under the provisions of paragraphs (a) or (b) of Bye-Law 4 shall cease to be a Member of the Corporation if such person resigns his membership or is requested to resign by a resolution of the Council passed by a majority of two-thirds of the whole number of the Members of the Council.

CONSTRUCTION OF BYE-LAWS.

28. In case any question shall arise as to the construction or operation of any Bye-Law or Rule, the question shall be decided by the Council. Where any expression is defined by the Charter such expression shall have the same meaning in these Bye-Laws.

DEPRIVED OF PROFESSIONAL PRIVILEGE.

We shall next week explain the effect of the Proposed Supplemental Charter and Bye-laws upon the nursing profession, as agreed at the Special General Meeting of the Royal British Nurses' Association on Thursday, January 18th.

The main result will be that if the Proposed Supplemental Charter and Bye-laws are approved by the Privy Council trained nurses will be deprived of their present rights and privileges as members of a Professional Association incorporated by the Royal Charter of 1893; as the Royal British Nurses' Association will be merged in the Royal British College of Nursing, which admits the laity, at the will of the Council, and without any restriction, both to membership and office.

THE LONDON HOSPITAL AND THE COLLEGE OF NURSING, LTD.

ANOTHER LETTER FROM OLYMPUS.

Miss Eva C. E. Lückes, Matron of the London Hospital, has issued an eleven-page pamphlet of "Reasons against the London Hospital becoming affiliated with the College of Nursing." It is headed "London Hospital," and it would be interesting to know who has paid in war time for the superfine quality of the exquisite paper on which this "Letter from Olympus" has been printed. Not the subscribers to the charity let us hope! We must defer reference in detail to the arguments advanced; let it suffice that there is only one Training-School for Nurses of any real excellence in the United Kingdom which produces the right "type" of nurse, and if the London were compelled to use the same "machinery" "which prevails at St. Thomas', St. Bartholomew's and other training schools . . . what is known as the 'special brand' of London Hospital Nurses would be entirely lost." . . . "It is clear that if inferior Electro-Plate is to be distinguished by the same hall mark as that hitherto reserved for Silver, it is the Silver, not the Electro-Plate, that suffers!"

Miss Lückes states that "to extinguish the type of nurse trained at the London Hospital, which is so widely acknowledged to meet human needs and to drag the training down to an ordinary level (Bart.'s, St. Thomas', Guy's, we presume) is a grave responsibility," and she gives the hon. medical staffs of these hospitals a neat little back hander when she states that "it is a well-known fact that doctors attached to St. Bartholomew's, Guy's and St. Thomas', &c., employ 'London' nurses whenever they can obtain them, and many of these say openly that they never apply to their respective hospitals for nurses until they find that a 'Londoner' is not to be had."

We have heard "Bart.'s" nurses complain of this "disloyalty" to their three years' standard by "Bart.'s" men.

"The 'London' has not remained behind in any way" Miss Lückes writes, "and unless its progress is arrested by our affiliation with the College, there is no reason why it should do so." . . . "Any risk of the diminution in candidates owing to the mere fact that the 'London' does not belong to the College may be ignored with confidence." But should such splendid isolation "ultimately prove detrimental—a condition of affairs very difficult to imagine . . . when it is deemed necessary for the 'London' to capitulate, there is no reason to doubt that it would be able to make as good—or as bad!—terms as would be possible at present." "Such a tribute to the success of the College would always insure a welcome for the 'London' and inspire a hope in the College authorities that a larger list of names than any other hospital can provide would be added to its Register."

Miss Lückes is quite consistent. She has

opposed "outside" interference with the "absolutism" which prevails in the Nursing Department of the London Hospital; Uniformity of Curriculum, One Portal (Central) Examination, and State Registration of Nurses mean a certain amount of "outside" interference—and Miss Lückes does not intend to "capitulate" until she is starved out and the enemy has scaled the ramparts. This the promoters of the College cannot do until they can wave on high the State Registration banner, when Miss Lückes realises the "London" will have to make terms.

We hear that the "London" considers that St. Thomas', Guy's and King's have not played the game in apparently going over to the enemy after "successfully" helping to obstruct State Registration for thirty years, and also that Miss Lückes feels very keenly the defection of those "Londoners" who entirely owe their promotion to high office in the nursing world to "London" influence, who have accepted nomination on to the College Council, and adopted the State Registration ticket. But even now Miss Lückes need not despair, the College of Nursing is a lay corporation, its Bill is an Employers' Bill, and there is no doubt that if it becomes law it will effectually snuff out, for the remainder of her natural existence, all effective power of self-government for the nursing profession, which is after all the pith of "anti" policy. With Louis XV Miss Lückes may take heart of grace. *Après moi le deluge!*

POOR LAW AUTHORITIES AND THE COLLEGE OF NURSING.

Owing to the pressure of the Association of Poor Law Unions, the College of Nursing, Limited, has altered its qualifications for Poor Law nurses; but still Poor Law Guardians and officials are not satisfied. They now want to know if the registration condition of a certificate of not less than two years' training in a recognised school for nurses, followed by at least two years' *bona fide* practice as a nurse (Section 2 (d)), is not to apply to Poor Law trained nurses? "We admit," says the *Poor Law Officers' Journal*, "that the conditions for registration for membership of the College have been revised to meet points most fairly raised on behalf of the Poor Law nurse. But as we look at the revision which has been done we say it will not do. Either from clumsy drafting or disagreement among members of the Council trying to come to agreement, the provision has resulted in inconsistent conditions which leave the Poor Law nurse, and the nurse trained under the Poor Law, in as bad, if not worse, position than was the case under the previous conditions. . . . The more this question of registration for membership of the College of Nursing is looked into the greater grows the difficulty of having any conditions for the registration of the Poor Law nurse other than the

single one that office is held with the sanction of the Local Government Board." The mistake has been to try to compile a *voluntary* register. It has been tried and failed. What is required is registration by Act of Parliament, with provision for a three years' open term of grace, after which term a prescribed curriculum, independent examination, and registration by an independent and representative General Nursing Council. The College of Nursing Council entirely ignorant of the work it claimed to do, made a false start in a spirit of coercion. It is up against people who have devoted their lives to questions of nursing organisation, and has aroused a spirit which intends to fight to a finish for just legislation for the Nursing Profession.

The Parliamentary Committee of the Association of Poor Law Unions, in their Report, state that their attention has been drawn to the following resolution of the Central Committee for State Registration, with which the Committee agrees, and recommends the Council to adopt, viz.:—"For a three years' term of grace after the passing of the Act, nurses in practice who hold a certificate of training, or produce evidence of training satisfactory to the Council, shall be entitled to be registered without further examination." They also recommend that it be urged upon the Provisional Council of the College of Nursing that no practising Poor-Law nurse of five-years' experience as a nurse shall be excluded from the provisional registration roll.

REGISTRATION OF MENTAL NURSES.

The Asylum Workers' Association have recently been considering the question of State Registration of Nurses as provided in the Bills drafted, and have adopted a resolution that "no Bill for the Registration of Nurses will be considered satisfactory which does not adequately provide for the representation of Mental Nurses on the Governing Body."

APPOINTMENTS.

MATRONS.

Brighton and Hove Dispensary, Western Branch.—Mrs. M. Martin has been appointed Matron. She was trained at the Royal Sussex County Hospital, Brighton, and subsequently was promoted to the position of Sister, and joined Queen Alexandra's Imperial Military Nursing Service Reserve. She holds the decoration of the Royal Red Cross (second class).

Yeovil and District Hospital, Yeovil.—Miss Ruth Anderson has been appointed Matron. She was trained at the London Hospital and has been Sister at Addenbrooke's Hospital, Cambridge, and Assistant Matron at the Purey Cust Nursing Home, York.

District Hospital, Swindon.—Miss J. McKinnon Smith has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and,

in infectious nursing, at the City Hospital in the same city, where she was promoted to the position of Sister. She has also been Night Superintendent at East Pilton Hospital, Leith, Sister at the General Hospital, Leith, and Matron of the Sanatorium, Tunbridge Wells.

ASSISTANT MATRON.

City of Westminster Union Infirmary.—Miss Edith Marland has been appointed Assistant Matron. She was trained at the Kensington Infirmary and has held the positions of Ward Sister and third Assistant Matron at the St. Marylebone Infirmary, Home Sister at Kingston Infirmary, and Home Sister at Abergavenny Nursing Home.

TEMPORARY ASSISTANT MATRON.

Derbyshire Royal Infirmary, Derby.—Miss M. E. Bailey has been appointed Temporary Assistant Matron. She was trained at the North Staffordshire Infirmary, Stoke-on-Trent, where she was Ward and Theatre Sister. Miss Bailey has also been Night Superintendant at the B.R.C. Hospital at Netley.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Celia R. Clapson is appointed to Rotherhithe, as Minor Ailment Centre Nurse; Miss Minnie Bishop is appointed to Stockport; Miss Selina Collier, to Taunton; Miss Mary Gladwin, to Brentford; Miss Fanny Goodwin, to Matlock; Miss Rachel Harris, to Jewish Maternity and Sick Room Helps Society; and Miss Faith Start, to Silvertown.

THE PASSING BELL.

We greatly regret to record the death of Miss Rosie Newton, who has been doing duty at Lady Ward's Military Hospital at Reigate.

At the inquest last week it was stated that she broke down under an attack of influenza, and pneumonia supervened. In her delirium she obtained possession of a hatpin, and, removing a poultice, thrust it for nearly 5 in. into her breast.

Dr. Pegg, who gave evidence, said the hatpin did not touch any of the vital parts, and the perforation did not accelerate death, which was due to pneumonia.

The jury returned a verdict in accordance with the medical evidence.

It is with great regret that we record the death, as the result of a sad accident, of Miss Muriel Dorothy Corney, a probationer at the Park Hospital, Hither Green. Miss Corney was standing in front of the fire in a waiting-room, when her skirt caught fire. She endeavoured to extinguish the flames herself, but was unable to do so. She then ran into the corridor and was seen by an assistant steward, who, with assistance, extinguished the flames. At the inquest held last Saturday, Dr. R. L. Wilcox said that Miss Corney's burns were very severe and intensive. A verdict of accidental death was returned by the jury, who expressed sympathy with the relatives.

NURSING ECHOES.

The following letter has been sent to the Press, signed by H.R.H. Princess Louise, President of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses; Dr. A. H. F. Barbour, Chairman of the Scottish Council; and Lady Susan Gilmour, Hon. Secretary:—

In these war times it has been decided to forego the usual annual meeting of the Queen Victoria's Jubilee Institute for Nurses, and through the Press to remind the public of its pre-eminent claim as one of the most deserving of all health-saving institutions.

The work of the Queen's Nurses in attendance on the sick poor in their own homes is so well known that it need not be described. We cannot look forward to any diminution in sickness or in the need for the services of these nurses; in fact, in view of the various schemes on foot for the protection of child life, there is every probability that in the near future the calls for these services will become much greater. On the other hand, unless subscriptions and donations increase, the Institute will be unable to overtake the training of nurses in sufficient numbers to meet the constant demands.

Except for a small annual grant from the original endowment fund, the cost of the Institute in Scotland has been met for the last twenty-eight years by funds raised at the Diamond Jubilee and in commemoration of Her late Majesty Queen Victoria, and also by subscriptions and donations from the public. Of late the annual expenditure has always exceeded the income, and we are encroaching on our capital. We have, therefore, to ask those who have the interests of this work at heart to give what is required to prosecute and extend it without anxiety and without stint.

May we add that the Institute and its nurses are not behindhand in patriotism and self-sacrifice, and that of the 424 Queen's Nurses in Scotland, thirty-five are with the Army abroad, and ninety-nine are on military service in this country, while two have given their lives in the cause.

All donations and subscriptions will be most gratefully received, and should be sent addressed to the President, H.R.H. Princess Louise, Duchess of Argyll, 26, Castle Terrace, Edinburgh.

There is no more important or finer nursing work than that done by Queen's Nurses for the sick poor in their own homes, and those who support it may be assured that they get excellent value for their money.

The question of the change of uniform for the female staff under the Metropolitan Asylums Board has aroused a considerable amount of comment, which, as the readers of our correspondence columns will gather, is, in the main, adverse. We have received a private letter on the subject from a much-esteemed corre-

spondent, and, with permission, give our readers the gist of this communication.

The writer is of opinion that the belief that the maids in the M.A.B. service are to wear the same uniform as the nurses is erroneous. The real reason for the change is the difficulty in obtaining certain materials owing to war conditions. Not only is there this difficulty, but considerable economy will be effected by buying large quantities of the same material, instead of small quantities of different materials. For this reason alone our correspondent considers the Metropolitan Asylums Board justified in its action. The recommendation of the General Purposes Committee to the Board was originally that the uniform scale should be amended as advised, and continue in force until further orders, but the latest information is that, though the measure is one which has been brought about by war conditions, the alteration is very likely to become permanent.

In regard to the views of the Matrons working under the Board, our correspondent states that on three occasions they were summoned to meet the Committee which was dealing with the matter. A considerable majority were in favour of the changes, and there is reason for believing that the opinion of the Matrons had great weight with the Committee.

As to the confusion which some of the Board's Sisters and nurses are apprehensive may arise from all grades in the Nursing Service wearing the same dress material, our correspondent does not anticipate any such trouble, and is of opinion that the new uniform should be given a trial.

The point is made that in the Army the same colour is worn by all ranks from general to private, but the higher ranks do not grouse about it.

The paragraph in the Committee's report which occasioned the belief that the domestic staff are to wear the same uniform as the nursing staff is Clause (f), which runs:—*"Other Staff.*—Housekeepers, house-mothers, cooks, needle-room staff, and head laundresses throughout the service in future to wear dresses of Oxford shirting," which, following the intimation that the uniform dress of the various grades of the nursing staff is to be of plain Oxford shirting, certainly bears this interpretation. We are glad to receive a reliable assurance that this is not the case.

The late Mr. Henry Jones, of Bramley, Bournemouth, left his nurse attendant, Miss Alice Selina Williams, £1,500, in gratitude for her skilled care.

MILLICENT FAWCETT HOSPITAL UNITS FOR REFUGEES IN RUSSIA.

In December of 1915 the N.U.W.S.S., 14, Great Smith Street, London, S.W., appealed to its friends and supporters for £5,000 to send help to Russia for the sick and homeless refugee women and children. The response was instantaneous and generous, and in February last a Maternity Hospital was opened in Petrograd under the patronage of the Grand Duchess Kyril and of Lady Georgina Buchanan, the wife of the British Ambassador, with substantial help from the Tatiana Refugee Committee. Fully staffed with competent and experienced workers, the little hospital proved a veritable haven of loving care and helpfulness to many poor refugee mothers, and incidentally established such a reputation for thorough and disinterested work on the part of British Women that their help, in co-operation with the Great Britain to Poland Fund, was sought for in Middle Russia and Galicia by the Moscow Union of Zemstvos (Town and Rural Councils). In May, the Millicent Fawcett Hospital Units were sent out, and a much-needed children's hospital for infectious diseases was opened in the old town of Kazan on the Volga, the only other hospital being full to overflowing with two patients in a bed. After varied work during the summer, Dr. Daisy Stepney and her staff began a fierce fight against diphtheria and scarlet fever, which they will continue all through the winter. Scarlet fever is particularly severe in Russia, and is often septic, or accompanied by pneumonia, or erysipelas, and many of the little refugee patients have been very ill. But good nursing has saved most of these children, who would otherwise have died neglected in their miserable homes, and isolation has prevented their spreading disease in the large families of children that seem to be the rule out there. Jewish and Russian refugee children, from two to ten years, they all love the kind sisters, and dressed alike in the pretty pale blue check flannel

garments sent out from England, they smile up at them in a bunch "like little forget-me-nots."

Early in the summer the Units took over a hospital of fifteen beds at Stara Chelnoe, a district without a doctor, on a tributary of the Volga, where Dr. Alice Benham treated not only refugees, but peasants of many races and creeds, who crowded in daily from the surrounding districts. When she had to give up her voluntary service in September, Dr. Laura Forster took over the hospital, and she will carry it on until Russian medical help is available.

Dr. Mabel May is also conducting a similar, though larger, hospital in a remote and untended district, and with Dr. Muriel Kerr, is looking after 40 in-patients and up to 150 out-patients



GROUP OF REFUGEE OUT-PATIENTS AT STARA CHELNOE.

daily, many of them difficult surgical cases of wounds caused by the primitive threshing machinery in use out there.

During the summer the Units took charge of a holiday home at Suida, where the women and children could come from the Petrograd Maternity Hospital for a rest and change. They also took charge of two hospitals, temporarily without any medical staff, in a remote part of the district of Kazan. These were in the large villages of Izgara and Petropavlovsky, and had about 20 beds each and a larger number of out-patients. The curiosity excited among these peasants by English women was intense, and the interpreters were busily occupied answering questions about the ages, salaries and husbands of the staff, while wondering eyes and fingers tested the nurses,



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wrist watches as strange things of unimaginable uses. Incidents such as the having a gift of live hens in a bag dumped at 4 a.m. on the bed of a sleeping Sister, showed that though notions of time and decorum might be primitive, gratitude and kindness were very real.

An infectious hospital for peasants and soldiers in Volhynia, 60 miles behind the firing line in Galicia, was the final piece of work, in a still more inaccessible district, and was undertaken by Millicent Fawcett Hospital Units in June at the earnest request of the Zemstvos Union. Dr. King Atkinson and Dr. Hall and their staff were installed in a huge building in the town of Zaleschiki, and their 80 beds have been kept constantly filled with patients, mostly soldiers, with scarlet fever, erysipelas, dysentery, and other infectious diseases. In the midst of a desolate countryside, with ruin utter and complete, not many refugees and peasants were to be found, but some out-patient departments were opened in neighbouring villages, where infectious diseases could be treated at any outbreak. In one village, for instance, scabies was promptly stamped out. Just recently, the doctors discovered concealed cases of smallpox in the neighbourhood, and they at once began vaccinating civilians and soldiers, and also opened a small "barak" hospital for smallpox patients. By these prompt measures they hope to regulate and to prevent a serious outbreak of smallpox.

Originally intended only for maternity work, the ever-varying needs of the refugees and the opportunities for help offered by other organisations out there, have required ever-varying forms of effort on the part of the Units, and the £9,500 so generously subscribed during the first year of the work—£1,500 of it in America—has been expended on many undertakings. Some were avowedly temporary, until the refugees became absorbed in the general population, but some are still urgently required, and the administrator Miss Moberly, whose long and arduous year of voluntary service is just closing now that Mrs. Elborough has been sent out to take her place, has urged the National Union to carry them on until the spring. This the N.U.W.S.S. has promised to do, relying on its friends to subscribe the £1,500 which will enable it to keep its pledges,

and carry on the winter's work. Donations should be sent to the Secretary, "Russian Units," N.U.W.S.S.

The need of these trained workers is greater than ever in Russia, and it would be very sad to have to withdraw them from really useful work, so urgently required. The political, as well as the humanitarian, aspect of the work has also very real importance. Though few in number, these Englishwomen are very prominent in Russia, and they attract a great deal of interest, and command universal respect. That they also represent Englishwomen as a whole, and the friendly feeling of Great Britain towards its great Ally, Russia, is shown by this telegram of a Russian Mayor to the Lord Mayor of London last May:—

"Hospital for refugee children opened yesterday by Great Britain to Poland Galicia Fund and National Union of Women's Suffrage Society in presence of Mayor Kazan, Vice-Chancellor University. Mayor Kazan begs you to accept warm greetings, considers action British Relief Workers lasting link in chain between friendly Allied nations."

Wonderfully good work has been done by Women's Suffrage Societies. The N.U.W.S.S. has organized hospitals in France, Serbia and Russia, and the Actresses' Franchise League has raised a splendid sum for the "Star and Garter" Hospital.



DR. DAISY STEPNEY AND HER LITTLE PATIENTS
AT KAZAN.

FORMAMINT. GERM KILLING THROAT TABLETS.

It is incumbent upon nurses who, in the course of their daily work, are exposed to infectious diseases of many kinds, including influenza and diphtheria, to take special care to protect themselves from contracting such diseases by keeping the mouth and throat free from infection. In this connection Formamint Tablets are frequently prescribed by the medical profession as a preventative of proved value, based on scientific principles. Formamint, as we have already announced, is now the property of an all-British syndicate, and those who desire to receive a free sample of genuine Formamint Tablets should write to the British Proprietors, 12, Chenies Street, London, W.C. The syndicate has purchased the English assets of A. Wulff & Co., from the Board of Trade, including the existing stocks of Sanatogen, Albulactin, and Cystopurin.

HEARD IN A TRAM.

Enter two fully uniformed young women, overflowing with more animal spirits than refinement. It was evidently the "day off" of them both, and the passengers within earshot soon became acquainted with that, and many other incidents connected with their professional life.

There is always "l'une qui parle," and Chatterbox held the field with bursts of merriment, which it must be owned was rather infectious.

"I left my gas full on all night, so that my room might be nice and warm to get up in, in the morning." (Patriotic.) "Do you remember Nurse —, a fat little thing? She left to be a lady's maid. She wanted to argue with me that it was the same as being a lady's companion." (Much laughter.) "She was going out to India."

"No; to Egypt."

"Well, to Egypt. Anyhow, she hasn't got any further than Wood Green." (Renewed mirth.) "Miss — came to me yesterday, and she says: 'Go up to your room and empty your basin. It looks as if you had done a week's washing in it. I've spoken to you about it before.' I says: 'I've only washed my face in it.'"

"'Well,' she says, 'your face must have been pretty dirty.' I says: 'I'm not going to lower myself by arguing with you.' So I went up to my room and emptied my basin, and sat down and read a chapter of my book. I never come back under an hour when I'm sent on a message. I always swear I've met someone and they kept me."

"Oh, I never do that," replied her friend. "I'm rather duty-struck myself."

Chatterbox again took the field.

"I went up to S Block the other night, and there was an awful smell of burning. I couldn't make it out. You're not allowed to do any cooking up there. Well, there were five girls standing on their beds making toast over the gas. Nurse — wanted my butter, but I said I wasn't taking any."

Chatterbox was evidently going to deprive the institution in which she worked of her valuable services, or perhaps the wash-basin incident may have had something to do with it.

"The girls want to know when I am going to begin to pack. It will only take me about five minutes, anyhow. I shall just tip the contents of my drawers into my trunk, and sort them when I get home."

(Her services must have been even more valuable than I at first suspected.)

I had been sitting next to Chatterbox, and when I arrived at my destination, on leaving the car I took a glance at the girl who was "duty-struck." She had a nice bright face, and I wondered how long she would retain her excellent, if crudely expressed, attitude to her work.

Alas! Evil communications corrupt good manners.

H. H.

BOOK OF THE WEEK.

"GASPARD THE POILU."*

"Gaspard! Eh, Gaspard! Who is he?"

"He's a wonder! He's got a nose like a hook and a face that would make a fish laugh. He kept us laughing all night."

"What's his business?"

"He's had about all, from porter at the Halles to dealer in snails. He's a real *poilu*."

The news had just gone round that a train bringing soldiers from Paris had arrived, and Gaspard the *poilu* was one of the company. It was at the outbreak of the war at the beginning of the mobilisation of the French army.

These ten thousand men from Paris were disgorged into a country town in a corner of Normandy, which was offering a regiment also, but men of a different type from the gay rollicking Parisians.

The lawyer's clerk, who was standing near the station, looked amazed as Gaspard went by. While admiring the Parisian's determined attitude and his jovial spirit, he could not help thinking that, however much of a Parisian this man might be, he was obviously a workman and therefore not of *his* class.

Gaspard must have read his thoughts, for as he passed by he exclaimed:

"Eh, eh, you of the black coat, aren't you getting a ticket for Berlin?"

The clerk could not repress something of a shiver as he replied: "Of course I am."

But the passing of the Parisian had had its effect; the clerk suddenly felt as though he would like to run after Gaspard and follow him to the very front of the fighting line.

The entraining of the men for the front drew crowds of women to wish them farewell.

"Too bad my own little woman is not there," said Burette.

"Make up for it by looking at the others," said Gaspard. And to give a good example he exchanged many a wink and passing salute with all the good-looking women. The locomotive whistle was heard once again in a last and ardent farewell

* By René Benjamin. Heinemann, London.

to Normandy. The station-master stood on the platform waving his flag.

Suddenly a merry voice was heard singing loudly a well-known tune. It was Gaspard on his way to the front.

The clerk Burette, whom he had twitted at the station, became his pal, and Gaspard, who did everything thoroughly, was devoted to him. When Burette was mortally wounded, Gaspard, himself also hit, carried him to the dressing station.

Burette's hands were already cold, and his breath like an icy mist.

The surgeon came, followed by two stretcher-bearers.

"Take this man up gently and carry him to the ambulance."

"Yes . . . oh . . . gently," said Burette. "Gaspard, put me on the stretcher will you?"

"You bet I will, pal."

He picked him up again, putting his arms tenderly about the poor mutilated body. A light appeared in Burette's eyes, and kissing his friend on the cheek, he said:

"You . . . are the best friend I ever had."

Before returning to the front, Gaspard was accorded three days' leave.

Like a good watch-dog, Gaspard was wont to grumble even when he was pleased.

"Three days . . . just three days. I wonder if it would have cost them too much ink to add one more to the three. He looked at his mother with tender eyes and said in a jovial tone:

"Well, old lady, I see you're still cock-eyed."

To Marie, the mother of his child, he suddenly felt such gratitude to the good creature who had taken such care of his son, that he said: "I've got an idea. Nothing like war to give you an idea. . . . Listen, Bibiche" (this was his pet name for her), "don't you think it would be better . . . if we went out and got married?"

"Yes. . . oh, yes!"

Gaspard, with all the frankness of his simple soul went on: "When you think of it, you might as well do it. . . Later on we might forget about it."

So in earnest was he that he overstayed his leave and a lively scene ensued with his commanding officer. It was characteristic of Gaspard that he came near to breaking his marriage vows as soon as they were made, but Bibiche came into her own again, and he returned to her and the boy. He was happy to be with them again.

The book concludes with Gaspard once more in the bosom of his family, insisting that Bibiche should box the child's ears.

"Sure he's putting on airs because he's got two legs and I've only got one. We've gone and had ourselves cut to pieces, and these youngsters are the ones who will reap the benefits."

This chronicle of a *poilu* is very impressive, because it brings into prominence the complexities of a character both volatile and determined.

H. H.

COMING EVENTS.

January 19th. — Central Midwives Board: Penal Cases. Offices, Queen Anne's Gate Buildings Dartmouth Street, S.W. 11 a.m.

January 20th. — League of St. Bartholomew's Hospital Nurses: The Winter General Meeting, Clinical Theatre, 3.0 p.m.; Social Gathering, Nurses' Sitting Room.

January 26th. — The Matrons' Council: Annual Meeting, 4.0 p.m.; Tea, 5.0; Discussion. 431, Oxford Street, London, W.

January 27th. — Meeting in Dublin to discuss the College of Nursing. Arguments for and against.

January 31st. — The Royal Sanitary Institute, Session 1917. Discussion: "The Physical Welfare of Children after Infancy from National, Social, and Public Health Standpoints," to be opened by W. Leslie Mackenzie, M.A., M.D. Chair, Sir George Newman, M.D., D.P.H., 90, Buckingham Palace Road. 4.30 p.m.

February 3rd. — National Union of Trained Nurses: Annual Meeting of London Branch, 46, Marsham Street, Westminster, 2.45; Address on Nurses' Registration Bills, 3.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

MATRONS AND NURSING ECONOMICS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In this hospital all sorts and conditions of nurses are working—trained and untrained—and within the last few weeks letters addressed from the Matrons of Guy's Hospital and the London Hospital to nurses trained in those hospitals have been discussed. The former urges every Guy's nurse to join the College of Nursing without delay; the latter issues pages and pages of arguments why "Londoners" should not do so! Why do these ladies assume the right to dictate to nurses trained at these respective hospitals, and to deal with the question of professional organization in so partisan a manner? Then we have the lay-edited nursing Press bombarding us weekly, impertinently directing us what we are to do under direst penalties. "A plague on both your Houses!" say we.

But on one matter apparently all are agreed—the status of the trained nurse must be sacrificed to the socially influential V.A.D. Writes Miss Haughton: "One of the objects of the College is to institute and conduct examinations in all branches of women's work connected with hospitals. (This may include examinations of the so-called V.A.D. worker, almoners, examinations in massage, cooking and any other special subject.)" Examinations mean certificates—how, then, about the promised "One Portal and Central Exam.?"

Miss Lückes is, however, thoroughly offensive on the V.A.D. question. She writes: "No one could doubt Mr. Arthur Stanley's genuine desire to promote the welfare of nurses (if only the laity would leave us alone, as they do clerks and other women-workers devoid of a 'halo'). But it is difficult to imagine anything more inopportune than the decision to found a College of Nursing, and to do this in war-time.

"The assumption is that such large numbers of trained nurses exist that their supposed interests must suffer from the influx of the many V.A.D.'s and other partially trained workers, who *may* wish to continue nursing when the war is over. So much the better for the country if they do. There will be plenty of work for women who are not fully trained, but the experience V.A.D.'s will have already had will show many of them the wisdom of obtaining proper training as soon as they can. There was a great shortage of nurses for a long period before the war began . . . The inevitable wastage of war where nurses are concerned will increase this difficulty, and without necessarily injuring the standard remuneration or prospects of Certificated Nurses, the uncertificated women who are now doing most useful work may bring back a wholesome element into the Nursing Profession by tending to destroy the growing spirit of Trades Unionism, which is so unadapted for nurses and so much to be deplored. They may also demonstrate once more what folly it is to insist upon the fetish of three years' training being necessary to make an intelligent woman into a competent nurse."

In simple Saxon this means that the nursing profession must be flooded by the unskilled to keep us thankful for our bone; and it is an oligarchy of matrons with no more care for our economic condition than these two letters expose, who have presumed to exclude the direct representatives of our professional organizations from the Council of the College of Nursing and its Scottish Board.

We have no Trades Union, but a few more such effusions and we shall be compelled in self-defence to form one.

Yours truly,

A SISTER T.F.N.S.

WHAT IS INCLUDED?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you kindly allow me space to ask of the proposed College of Nursing if a fixed curriculum for the training of nurses is to include the cleaning of brasses, and housemaids' work generally, as is the custom in some of our leading hospitals.

Yours truly,

AN ANXIOUS ENQUIRER.

A MOTHER'S PROTEST.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with warm approval your remarks in last week's issue on the abominable Cornwallis-West scandal, in which thousands of

pounds had to be spent to vindicate the character of an innocent man.

Now the woman who attempted to ruin him is the Hon. Commandant of a V.A.D., and of the hospital in which her victim was warded, terribly wounded. How about the characters of the trained nurses at the mercy of this high official recognised by the Joint War Committee. The majority of them have no friends sufficiently rich and powerful to protect them from malicious attacks, but there is one way in which they can protect themselves, and that is for reputable women to refuse to remain in any hospital where the "Lady in the Case" has power and influence. It is degrading for professional women to be compelled to associate with persons of her type, and the authorities are greatly to blame that, in several instances, trained nurses have been placed under them.

Yours truly,

ELEANOR C. MAYHEW,

A Mother of Nurses and Soldiers.

DISTINCTIVE UNIFORM PREFERRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Permit me through your columns to express my surprise at the *indignity* the M.A.B. are about to thrust upon the nursing profession. I am a very junior Sister, but, even so, I have been five years training to qualify for that position. Two years M.A.B. fever, and three at St. Bart's., London. Surely we who have gone through this very necessary schooling are entitled to a distinctive uniform from that of a raw probationer. I agree with "Open-minded" that the Army officer wears khaki with his men, but the public are well acquainted with the existing distinctions. It is not so with nurses' uniform; and in these days, when the evil of the untrained woman is doing so much to lower the status of nursing and nurses, one expects *progress* at least from such a body as the M.A.B. Surely it is not progress to take from the officers of that Board that which they have worked for?

A JUNIOR SISTER.

[We have received another budget of letters on this question from this point of view.—ED.]

OUR PRIZE COMPETITIONS.

January 27th.—What are the causes of dysentery, and how is it treated?

February 3rd.—Describe the symptoms in a severe case of influenza. Suggest proper nursing to be employed in such a case. State the period of incubation and the period of isolation. What complications may occur in the course of the disease?

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THE WHITEHEAD TWINS.

32, Olive Street, Liverpool,
26th March, 1915.

In July last my triplets were born; one did not survive his birth and another was a mere skeleton, so that we never thought he would live. I had been ill for months before they were born, and was so weak afterwards that when they were two months old I felt unable to continue to breast-feed them. I was advised to take Virol; my health improved so much that I was able to breast-feed them entirely till they were nine months old. As to the twins, from small ailing babies they have grown into fine strong children.

I am in great anxiety, as my husband was at the front, and has been missing since December, and feel sure I should never have been able to feed the two babies without the help of Virol.

ANNIE WHITEHEAD.

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Prize Competition.

RULES FOR COMPETITION.

1. Any reader of THE BRITISH JOURNAL OF NURSING may compete for the prize of **FIVE SHILLINGS** which will be paid to the **writer of the best article of from 300 to 750 words on the following subject—**
"What are the causes of dysentery, and how is it treated?"

The dated Coupon for January 20th, published on this page must be cut out by the Competitor, and enclosed with the article she sends, with her full name and address inserted. This answer should be posted not later than **January 20th**, to the Editor, 20, Upper Wimpole St., London, W., marked on the envelope **"Prize Competition."** **The Name of the Winner of the Prize and the Prize Article will appear on January 27th, 1917.**

2. The Editor's decision must be accepted by each Competitor as final and unquestionable.

Prize Competition Coupon

January 20th, 1917

Name of Competitor

Address

The Midwife.

THE RETREAT, MERE.

THE NATIONAL MATERNITY AND TRAINING HOME.

For some time there has been a feeling among Rescue and Social Workers that a great deal could be done to reclaim young unmarried mothers if a course of training could be given them on broader and more interesting lines than those of the past. Especially they have advocated work in the open air, such as gardening, poultry farming, dairy work, &c. Added to this is the great need of keeping the young mother with her baby as long as possible, that the mother love which is often

The instruction is given in the course of the ordinary work of the Home. It commences before and continues after the child is born, and the normal duration is six months, when it is hoped she will be fitted to take a remunerative post, skilled workers being very much needed all over the country. Great care is taken in the choice of such a post that the girl should be with people likely to give her a helping hand in her difficult upward climb.

The house has been thoroughly adapted for its purpose at an expense of over £200, and the ground has been planned on the latest scientific methods for poultry keeping and gardening. Only first cases are taken, and the person or society recom-

mending the girl must be responsible for the weekly payment of 10s., and £1 1s. for her confinement. All correspondence *re* cases must be addressed to the Hon. Lady Superintendent of "The Retreat," Mrs. F. B. Rutter, Dewes House, Mere, Wilts, who will gladly give further information. The Organising Secretary is Miss Carrie E. Dugdale, 36, Memorial Hall, Farringdon Street, E.C.

Donations and subscriptions for the Home will be gratefully received by the Hon. Treasurer.

The first annual report states that two facts have much

impressed the Committee, namely, the friendless position of most of the girls, even when educated and refined, and their inability to support a baby as well as themselves.

The Home has saved them from the workhouse in their time of need, but the Committee realise that if they are to be effectively helped to bear their burden in the future it is essential for the majority to receive a course of definite training so as to equip them better for the task which lies ahead of them. They gladly report that the methods adopted for this purpose have been a real success. The Matron (Miss Ada Cook) trains the girls in turn in domestic management and duties. Sister Ethel Clappen, in addition to the lying-in ward, has the charge of the babies and trains the girls in their management.



GROUP AT THE RETREAT, MERE, WILTS.
THE NATIONAL MATERNITY AND TRAINING HOME.

very strong in these circumstances should have a chance to assert itself properly, thus creating a strong factor towards making the girl a useful member of society and a good citizen again.

The Maternity and Training Home, arranged by the Women's Auxiliary of the Free Church Council, will, we believe, commend itself to the many who are anxious that right care should be given to unmarried mothers on constructive lines.

The Home, which is called "The Retreat," is at Mere, a small country town just under the Wiltshire Downs, in beautiful surroundings and bracing air, and has been fitted to receive fourteen girls. It is intended that each girl shall remain long enough to receive a course of training in some or all of the following:—Cooking, Laundry Work, Needlework, Care and Management of the Children, Gardening, and Poultry Rearing.

THE MIDWIVES' INSTITUTE.

THE ANNUAL MEETING.

The annual meeting of the Midwives' Institute was held on January 12th at the Society of Arts, John Street, Adelphi. The President, Miss Amy Hughes, was in the chair, and there was a large attendance.

The reports on the work of the various committees and sub-committees were first given. After the four following resolutions, sent in to the Council, were placed before the meeting, the first being moved from the chair :—

RESOLUTIONS.

1. That the Incorporated Midwives' Institute is strongly opposed to Notification of Pregnancy, because it would tend to prevent early engagement of the doctor or midwife and to undermine the confidence between midwife and patient, so necessary if effective ante-natal care is to be attained.

2. That the Incorporated Midwives' Institute, recognising that pre-natal care is an important factor in diminishing abortions, stillbirths and premature labours, considers the midwife is the suitable person to give this care as under the rules of the C.M.B. she is responsible for the patient from the time of booking.

3. That the Incorporated Midwives' Institute considers that in regard to the improvement of maternal and infantile health an adequate supply of well-trained practising midwives is a national necessity, and it views with much apprehension the tendency to belittle the importance of the midwife's work and responsibilities. We therefore request the Council of the Midwives' Institute to use their best endeavours to discourage the depletion of the ranks of the midwifery profession, due to midwives taking up the less arduous and better paid work of health visitors. We feel that this can only be done by educating public opinion as to the importance of adequate attendance at childbirth, which can only be attained by improving the status of the midwife and insuring that she is sufficiently paid.

4. That the Incorporated Midwives' Institute considers that satisfactory conditions in regard to the health of the mother and infant will only be attained by efficient and hearty co-operation between practising midwives and those maternity centres which recognise that from the time of booking to the end of the puerperium the midwife is responsible to her Authority for the care of mother and child.

I. In the discussion following, the deterrent effect which would result from the adoption of the notification of pregnancy was illustrated from practical experience. A suggestion was made that patients should be encouraged to book at four and a-half months, as was the case in Belgium. Some present spoke of the necessity, with the additional work entailed by efficient ante-natal care, of raising the remuneration of the midwife; others, however, urged strongly that the work

should be done first and, after midwives had proved their ability and willingness to do the work payment for it would inevitably follow.

II. Miss Haydon, in moving this resolution, pointed out that the midwife had the two essentials necessary, the ability and the good will. Midwives had done, and were doing, more in the way of ante-natal care than was often recognised, but an even higher standard was needed. Facilities for securing this were available through excellent lectures, &c., and midwives must take advantage of them. Mrs. Glanville, in seconding it, urged the greater interest a midwife would have in her patients, if they had been under her care during pregnancy, and that midwives alone had the practical experience which would enable them to deal successfully with such problems as the taking of drugs.

III. Miss Duffield, who moved this resolution, urged the importance of thinking *nationally* of this work. Midwives should be willing to serve wherever and whenever they were needed. If this were done the shortage would cease. Miss Elsie Hall, who seconded it, spoke of the need of educating the public as to the importance of the work, and the importance of the skilled attendance on the poor at the time of confinement. *We must* organise, and we *must* train public opinion. If the need were once understood the workers would be forthcoming.

IV. Miss Pearson spoke for this resolution as a sympathiser on both sides. It was all one large question, in which there was neither a midwife's point of view nor a health visitor's, but only the mother's. Co-operation was much talked of, but little understood. The spirit of true co-operation implied only the question "How can *we* co-operate with you?" not "How will *you* co-operate with us?" There was no question that the care of the expectant mother was the midwife's work. With their underpay and overwork, however, midwives had been unable in the past to do all that was necessary; voluntary agencies had therefore stepped in temporarily to fill the gap, though knowing that this part of the work could be only done in a second-rate way. Much good had however been done in drawing attention both to the need of such care and to the need of higher remuneration for the midwife. Miss Marsters seconded this, and gave some account of the scheme which would, it was hoped, be shortly started in the district, whereby the whole of the health work would be divided between the different health workers.

All the resolutions were put to the meeting and adopted unanimously.

A new magazine—"Maternity and Child Welfare"—has made its appearance this month, which contains amongst other items, an interesting paper by Dr John Robertson, B.Sc., Medical Officer of Health for Birmingham, on Maternity and Infant Welfare Work in that city. It is published by John Bale, Sons & Danielsson, Ltd.

THE Trained Women Nurses' Friendly Society

(APPROVED SOCIETY)

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY is prepared to receive the names of Nurses who desire to pay their State Insurance through a **strictly Professional Organisation**. The full control of the Society is in the hands of the members and a professional Committee who, therefore, are well acquainted with their special needs, and it is obvious that it is **to the advantage of Nurses** to insure with a Society that is entirely devoted to their interests. The ordinary benefits of the Insurance Act are offered to members, and every effort is made to help them to obtain these benefits **with the least possible trouble**. **Efficiency and Economy** are the watch-words of the Society, and its success proves the value of its methods.

So far the demands made upon the Society's funds for sickness benefit have been considerably less than was anticipated, and its position is, therefore, an excellent one from a financial standpoint.

Nurses who wish to join are requested to send a post card for application form to

The Secretary

TRAINED WOMEN NURSES' FRIENDLY SOCIETY
431, Oxford Street, London, W.

The Registered Nurses' Society

**431, OXFORD STREET,
LONDON, W.**

Telegraphic Address : "SOROR, LONDON."

Telephone No. 1712 GERRARD.

The Society has been in existence for twenty years and only accepts on its staff Nurses who have had at least three years' training in a good general Hospital, and who possess the highest personal credentials.

The Society secures to the Nurses the just remuneration for their work.

The Society is managed by a professional Committee.

WHY THE SOCIETY SUCCEEDS

The Medical Profession and the Public support the Society with confidence, because a high standard of professional efficiency is maintained, and it works on just economic principles.